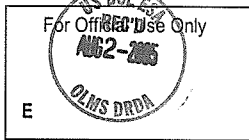


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4573</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Michael</u> <u>McNally</u> P.O. Box, Bldg., Room No., if any Street <u>3509 Human Road</u> City <u>Sanborn</u> State <u>New York</u> ZIP Code + 4 <u>14132</u>	4. Name, file number, and address of labor organization. Name <u>U.A. Plumbers AFL-CIO Local 22</u> Labor Organization File Number <u>540-839</u> P.O. Box, Building and Room Number, if any Street <u>3651 California Road</u> City <u>Orchard Park</u> State <u>New York</u> ZIP Code + 4 <u>14127</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed: [Signature]

On 07/29/05
Date

(716) 662-3952
Telephone Number

Name of Person Filing Michael McNally	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Plumbers & Steamfitters Loc 22 Health Fd
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 3900 Packard Road
City Niagara Falls
State New York ZIP Code + 4 14303

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Plumbers & Steamfitters Loc 22 Health Fd
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 3900 Packard Road
City Niagara Falls
State New York ZIP Code + 4 14303

11.a. Nature of such dealing.

Union Officer and employee who was reimbursed expenses as a Trustee of related Health, Pension and Annuity Funds.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

All payments for reimbursed expenses and lost wages are for time spent as a Trustee of related benefit funds. Conference expenses were for the International Foundation of Employee Benefit Plans (IFEBC) in Orlando Florida Feb 14 through Feb 16, 2004.

12.b. Amount.

\$2,157

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Michael McNally

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Key Corp.

Trade Name, if any: Victory Capital Management Division

P.O. Box, Bldg., Room No., if any 16th Floor

Street 50 Fountain Plaza

City Buffalo

State New York ZIP Code + 4 14202

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Plumbers & Steamfitters Loc 22 Pension Fd

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3900 Packard Road

City Niagara Falls

State New York ZIP Code + 4 14303

11.a. Nature of such dealing.

Victory Capital Management Division of Key Corp. is one of the investment managers for Plumbers & Steamfitters Local 22 Pension and Health Funds.

11.b. Approximate dollar value of such dealing.

\$114,000

12.a. Nature of interest held or income received.

Ticket to Buffalo Sabers hockey game on April 2, 2004.

12.b. Amount.

\$69

Name of Person Filing Michael McNally

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Lipsitz, Green, Etal

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 300

Street 42 Delaware Avenue

City Buffalo

State New York ZIP Code + 4 14202

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Plumbers & Steamfitters Loc 22 Pension Fd

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3900 Packard Road

City Niagara Falls

State New York ZIP Code + 4 14303

11.a. Nature of such dealing.

Lipsitz, Green, Fahringer, Roll, Salisbury & Cambria is legal counsel to the Plumbers & Steamfitters Local 22 Pension and Health Funds.

11.b. Approximate dollar value of such dealing.

\$23,000

12.a. Nature of interest held or income received.

Two tickets to the Buffalo Bills football game, including food and beverage, on October 17, 2004.

12.b. Amount.

\$230

Michael McNally

File Number - None

Fiscal Year Ended - December 31, 2004

Supporting Schedule to Part B, Item 12b Form LM-30

<u>Date of Payment</u>	<u>Amount of Payment</u>	<u>Description</u>
2/22/2004	\$ 855.00	IFEPB Conference registration
2/22/2004	\$ 193.00	IFEBP - conference expense - airfare
2/22/2004	\$ 254.00	IFEBP - conference expense - meals
2/22/2004	\$ 27.00	IFEBP - conference expense - tips
2/22/2004	\$ 99.00	IFEBP - conference expense - transportation & parking
2/22/2004	<u>\$ 729.00</u>	IFEBP - conference expense - hotel
	<u><u>\$ 2,157.00</u></u>	